Claims

1. A method of distinguishing among Stanford type A acute aortic dissection, Stanford type B acute aortic dissection, and acute myocardial infarction, which comprises detecting D-dimer and H-FABP in blood separated from a human suspected of having acute aortic dissection and suspected of having acute myocardial infarction.

2. The method of distinguishment of claim 1, which comprises comparing the D-dimer concentration detected in blood with a previously established D-dimer cutoff value, and comparing the H-FABP concentration detected in blood with a previously established H-FABP cutoff value.

3. The method of distinguishment of claim 2, which comprises:
(a) judging that Stanford type A acute aortic dissection has developed if the D-dimer concentration is not less than the previously established D-dimer cutoff value, and the H-FABP concentration is not less than the previously established H-FABP cutoff value,
(b) judging that Stanford type B acute aortic dissection has developed if the D-dimer concentration is not less than the aforementioned cutoff value, and the H-FABP concentration is less than the aforementioned cutoff value, and
(c) judging that acute myocardial infarction has developed if the D-dimer concentration is less than the aforementioned cutoff value, and the H-FABP concentration is not less than the aforementioned cutoff value.

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4. The method of distinguishment of claim 2 or 3, wherein the D-dimer cutoff value is a cutoff value established between an acute aortic dissection group and

5 an acute myocardial infarction group, and the H-FABP cutoff value is a cutoff value established between a group consisting of an acute myocardial infarction group and a Stanford type A acute aortic dissection group and a Stanford type B acute aortic dissection group.

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5. The method of distinguishment of claim 2 or 3, wherein the D-dimer cutoff value is a D-dimer reference value, and the H-FABP cutoff value is a cutoff value for evaluation of acute myocardial infarction.

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6. The method of distinguishment of any one of claims 1 to 5, wherein the human suspected of having acute aortic dissection and suspected of having acute myocardial infarction is a human having an episode of chest pain.

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7. The method of distinguishment of any one of claims 1 to 6, which comprises detecting D-dimer by an immunochemical method using an antibody that recognizes D-dimer, and detecting H-FABP by an immunochemical

25 method using an antibody that recognizes H-FABP.

8. The method of distinguishment of claim 7, wherein the immunochemical method is the enzyme immunochemical method, the latex aggregation method, or the

30 immunochromatography method.

9. A reagent for distinguishing among Stanford type A acute aortic dissection, Stanford type B acute aortic dissection, and myocardial infarction, which comprises

an antibody that recognizes D-dimer, and which is used
in combination with a reagent comprising an antibody
that recognizes H-FABP.

5 10. A reagent for distinguishing among Stanford type A
acute aortic dissection, Stanford type B acute aortic
dissection, and myocardial infarction, which comprises
an antibody that recognizes H-FABP, and which is used in
combination with a reagent comprising an antibody that
10 recognizes D-dimer.

11. A kit for distinguishing among Stanford type A acute
aortic dissection, Stanford type B acute aortic
dissection, and myocardial infarction, which comprises a
15 reagent comprising an antibody that recognizes D-dimer
and a reagent comprising an antibody that recognizes H-
FABP.

12. A commercial package comprising the kit for
20 distinguishment of claim 11 and a written matter on the
kit, wherein the written matter and/or the package bears
the statement that the kit can be used, or should be
used, for the purpose of distinguishing among Stanford
type A acute aortic dissection, Stanford type B acute
25 aortic dissection, and acute myocardial infarction.